

Brooklyn Center Police Department



Ride-Along Request

Participant Information			
Name (First, Middle, Last)			
Home Telephone	Work Telephone	Birthdate	Sex
Address (Street, Apartment Number, City, State, Zip Code)			
Reason For Ride-Along			
Requested Ride-Along Date/Time (please prioritize preferences)			
1)	2)	3)	
<p>I hereby release the City of Brooklyn Center, the Brooklyn Center Police Department, and their employees concerned from all damages or responsibilities that might be incurred by me while participating in a ride-along. This release is given voluntarily and at my request. I hereby authorize release of information about myself consisting of private data as defined by MN State Statute 13.02, Subd. 12, and has been collected by the Brooklyn Center Police Department as a result of my contact and associations, and/or Brooklyn Center Police Department's agents and representatives. I also agree to not record video or audio, take any pictures, or produce any other documentation of the events I witness without specific approval.</p>			
Signature of Participant _____		Date _____	
Parent or Legal Guardian Information if Participant is Under 18 Years of Age			
Name (First, Middle, Last)		Home Telephone	Work Telephone
Address (Street, Apartment Number, City, State, Zip Code)			
<p>I hereby release the City of Brooklyn Center, the Brooklyn Center Police Department, and their employees concerned from all damages or responsibilities that might be incurred by my minor child while participating in a ride-along. This release is given voluntarily and at my request. I hereby authorize release of information about myself consisting of private data as defined by MN State Statute 13.02, Subd. 12, and has been collected by the Brooklyn Center Police Department as a result of my contact and associations, and/or Brooklyn Center Police Department's agents and representatives.</p>			
Guardian of Participant _____		Date _____	
For Administrative Use			
Request Made By Officer	Ride-Along Approved <input type="checkbox"/>	Authorizing Signature and Date	
	Ride-Along Denied <input type="checkbox"/>		
Background Check Approved <input type="checkbox"/>	Date of Ride-Along	Time of Ride-Along	
Background Check Denied <input type="checkbox"/>		hrs	to hrs
Duty Sergeant's Signature		Participating Officer's Signature	